



ACCOUNT ACTIVATION REQUEST

BUSINESS INFORMATION

Business name:		Web site:	
Address:		Province:	Postal code:
Phone:	Fax:	E-mail:	
Number of employees:	Foundation year:	Sector activities:	
Incorporated under FEDERAL LAW		PROVINCIAL LAW	
#GST:		#PST:	
President / Owner:			
Purchaser:		E-mail:	
Responsible accounts payable:		E-mail:	

SUPPLIERS REFERENCES

1-Business name:	2-Business name:
Contact person:	Contact person:
Phone:	Phone:
Fax:	Fax:
3-Business name:	4-Business name:
Contact person:	Contact person:
Phone:	Phone:
Fax:	Fax:

BANK REFERENCE

Bank:	Address:
City:	Postal code:
Phone:	Responsible:
Transit number:	Account number:

Desired credit limit:

I UNDERSIGNED:

1. REQUEST FOR ACCOUNT ACTIVATION WITH YOUR COMPANY.
2. YOU WILL BE AUTHORISED TO EXCHANGE ALL NECESSARY INFORMATIONS ON MY CREDIT, CORPORATION, AND INDIVIDUAL WITH WHOM I'M DOING BUSINESS WITH.
3. I CERTIFY THAT ALL INFORMATIONS GIVEN IN THIS REQUEST IS COMPLETE AND RIGHT.
4. I ACCEPT ALL PARTS AND CONDITIONS OF THIS SALE AND ALSO ALL THE PAYMENT AGREEMENTS REQUIRED.

Name :	Title:
Signature :	Date :



HEAD OFFICE - PLANT
P.O Box 158, 21, Parc Industriel St
Saint-Pacôme (Qc), CANADA - G0L 3X0
Tel.: 418.852.2098 - 1.888.745.2552
Fax: 418.852.3330
Web Site : akka.ca - e-mail : info@akka.ca

STORE
2700, Jean Perrin St, office 117
Québec (Qc), CANADA - G2C 1S9
Tel. : 418.407.1951
Fax: 418.407.1953